

Indiana Board for Depositories
Quarterly Report Due: _____
One North Capital, Suite 444, Indianapolis, Indiana 46204
317-232-5257

Savings Institution: _____ **City:** _____

IDENTIFICATION NO. _____

Note: This will be your certificate number assigned by your regulatory body (FDIC, OTS, etc.) and which appears on the front page of your Uniform Bank Performance Report or Thrift Financial Report.

PUBLIC FUNDS ON DEPOSIT

- 1. Individual Accounts:** On the separate attached detail pages please provide the minimum, maximum, and actual balances for each state and local public funds account held during the quarter.
- 2. Grand Total:** Carry forward from the detail pages and provide a grand total of all public funds held during the quarter:

Minimum Balance	Maximum Balance	Actual Balance

CAPITAL ACCOUNTS – SAVINGS INSTITUTIONS

Sum Total of General
Insurance Reserves

Plus the Undivided Profit

Total:

CERTIFICATIONS

- 1. Capital Ratio:** Do you certify that the capital ratios of this institution, as of (date) _____, are in excess of the minimums required by our governmental supervisory bodies? _____
- 2. Indiana Investment:** Do you certify that, as of (date) _____, the total principal of the institution's outstanding loans to Indiana residents, when added to the total market value of the institution's investments in Indiana residents, as defined by law, (I.C. 5-13-8-7 (a.b)) at least equals the sum of the state and local public funds on deposit in the institution? _____

Signed*: _____ **Title:** _____

President, CEO or CFO

Printed: _____ **Date:** _____

Phone Number: _____ **E-mail Address:** _____

**The signatory of this form must be an officer of the financial institution corporation, e.g. president, chairman.*